MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11029

Reg. Dist. No. 254

1. PLACE OF DEATH: COUNTY Queen Anne's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown | LENGTH OF STAY (In this place) all his life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) SARAH (Middle) CHARLOTTIE (Last) PINDER
4. DATE OF DEATH (Month) Nov (Day) 14 (Year) 1949

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH March 20-1870
9. AGE last birthday 79 yrs. | If under 1 year: Mooths. Days | If under 24 hrs.: Hours Mio.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Queenstown Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Pinder
14. MOTHER'S MAIDEN NAME Deputy Lane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS M. Audrey Hopper. Queenstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) Necrosis

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1944, to 11-15, 1944, that I last saw the deceased alive on 11-15, 1944, and that death occurred at 12 m., from the causes and on the date stated above.

SIGNATURE D. S. McPherson (Degree or title) M.D. ADDRESS Centreville Md. DATE SIGNED 11/16-44

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Nov 16-49 | NAME OF CEMETERY OR ~~CREMATORY~~ Chesterfield | LOCATION (City, town, or county) (State) Centreville Maryland

DATE REC'D BY LOCAL REG. Nov. 15-'49 | REGISTRAR'S SIGNATURE Helen M. Aldridge | 24. FUNERAL DIRECTOR Barton Bros | ADDRESS Centreville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUL 21 1949
BUREAU V. S.

Evidence for addition of #4 shown on:

FILM No. G 122 NOV 22 1949

11030

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 253

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Stevensville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Ann
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Queen Ann
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) Stevensville Md

3. NAME OF DECEASED (Type or Print) (First) Rachel (Middle) (Last) Rodgin

4. DATE OF DEATH (Month) Nov. (Day) 12, (Year) 1949

5. SEX Female | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W. | 8. DATE OF BIRTH 1854 | 9. AGE last birthday 94 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Russia | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Abraham Greenspon | 14. MOTHER'S MAIDEN NAME Ida Talmadge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs Lena Grolman Stevensville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) fall down stairs (concussion of — Nov. 7. 1949.

900.0 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) brain and internal hemorrhages from

186a (c) intestines.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility, Arteriosclerosis, acute hepatitis — 1942

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home | Stevensville (CITY OR TOWN) Queen Anne (COUNTY) Md. (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 7. 1949 4 p.m. | INJURY OCCURRED While at Work ☐ Not While At work ☒ | HOW DID INJURY OCCUR? fall down stairs

22. I hereby certify that I attended the deceased from Nov. 7, 1949, to Nov. 12, 1949, that I last saw the deceased alive on Nov. 11, 1949, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE Theodor Sattelmaier (Degree or title) M.D. ADDRESS Stevensville DATE SIGNED November 12. 1949.

23. BURIAL, CREMATION REMOVAL (Specify) Buried | DATE THEREOF Nov 13/49 | NAME OF CEMETERY OR CREMATORY Hebrew Washington | LOCATION (City, town, or county) Landsdown (State) Md

DATE REC'D BY LOCAL REG. Nov. 12-49 | REGISTRAR'S SIGNATURE Elizabeth Hoffman | 24. FUNERAL DIRECTOR Sol Lerner & Bro | ADDRESS 1624 W. Pratt St.

VS. A15

RECEIVED
NOV 16 1949
BUREAU T. S.

11031

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 123 DEC 29 1949

Reg. Dist. No. 251

1. PLACE OF DEATH COUNTY: Queen Annes — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Chestertown — LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. COUNTY: Queen Annes

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Chestertown

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) SHERMAN (Middle) (Last) THORNTON

4. DATE OF DEATH (Month) Nov. (Day) 14 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 29 1881

9. AGE last birthday: 68 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Labor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: 213-10-7865

17. INFORMANT: Ida Thornton Rural Chestertown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 **Immediate cause** (a) Acute Cardiac Dilatation

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterial Sclerosis

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: No

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1949, to Nov. 14, 1949, that I last saw the deceased alive on June 1, 1949, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE: C H Whitecliffe (Degree or title) ADDRESS: Lutherville Md. DATE SIGNED: 11/16/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Nov. 17 1949 — NAME OF CEMETERY OR CREMATORY: Bordley Cemetery — LOCATION (City, town or county) (State): Rural Chestertown Md.

DATE REC'D BY LOCAL REG.: Nov 16, 1949 — REGISTRAR'S SIGNATURE: Edward T. Fellows. Edgar L. Lane

24. FUNERAL DIRECTOR: Edward Fellows — ADDRESS: Millington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 22 1949
BUREAU V. S.

11032

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County: Queen Anne

City or town: Near Wellington Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years

Hospital, institution, or street address where death occurred: Palmatory Nursing Home

How long in hospital or institution? 3 years

2. USUAL RESIDENCE (HOME) OF DEACESED:
(For newborn infants give residence of mother)

State: Delaware County: Sussex

City or town: Bridgeville
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Main street
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME Mrs. Maggie E. Young

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Unknown

Charles W. Young (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 20 1868

8. AGE:

Years	Months	Days	If less than one day
81	3	20	hrs. min.

9. Birthplace: Unknown Virginia
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace

MOTHER
14. Maiden name: Unknown
15. Birthplace

16. Informant: Mrs. Mrs. Palmatory

Address: Wellington Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11/26/49 (month) (day) (year)

Cemetery or crematory: Bridgeville Cemetery

Location: Bridgeville Del.

18. Funeral director: Edgar L. Lane

Address: Church Hill Md.

19. Nov. 23 1949 Edgar L. Lane
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 23 1949, at 6.45 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct. 13 1949, to Nov. 23 1949, and that I last saw her alive on Nov. 22 1949

Immediate cause of death: Chr. Myocarditis & Substantial Nephritis — DURATION: 2 years

Due to: Fracture of hip from fall — DURATION: 1 month

Due to:

Other conditions: 904.9, 186a
(Include pregnancy within 8 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Merritt Bair M. D. or other

Address: Wellington Date signed: Nov 23/49

VS A15

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MARGIN RESERVED FOR BINDING

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DEC 22 1949
BUREAU V. S.